

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002505

1. Entity Name

CUBAN CENTER FOR CULTURAL, SOCIAL & STRATEGIC ST

Principal Place of Business

9451 SW 97 STREET
MIAMI FL 33176

Mailing Address

9451 SW 97 STREET
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0912892

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BOULEVARD #211
PALM BEACH GARDENS FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D GRANADOS, JUAN A	<input type="checkbox"/> Delete
STREET ADDRESS	9451 SW 97 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	D HOLCOMB, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS	9451 SW 97 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	D VELASCO, MILAGROS	<input type="checkbox"/> Delete
STREET ADDRESS	9451 SW 97 STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
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TITLE NAME		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90401 022 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)